Sexual and Gender-Based Violence and torture experiences of Sudanese refugees in Northern Uganda: health and justice responses

Liebling, H., Barrett, H. & Artz, L.

Original citation & hyperlink:
Liebling, H, Barrett, H & Artz, L 2020, 'Sexual and Gender-Based Violence and torture experiences of Sudanese refugees in Northern Uganda: health and justice responses', International Journal of Migration, Health and Social Care, vol. (In-Press), pp. (In-Press). https://dx.doi.org/10.1108/IJMHSC-10-2019-0081

DOI 10.1108/IJMHSC-10-2019-0081
ISSN 1747-9894
ESSN 2042-8650

Publisher: Emerald

Sexual and gender-based violence and torture experiences of Sudanese refugees in Northern Uganda: health and justice responses

Abstract

Purpose

This British Academy/Leverhulme-funded research (Grant number: SG170394) investigated the experiences and impact of sexual and gender-based violence (SGBV) and torture on South Sudanese refugees' health and rights and the responses of health and justice services in Northern Uganda.

Methodology

It involved thematic analysis of the narratives of 20 men and 41 women refugees' survivors of SGBV and torture, this included their experiences in South Sudan, their journeys to Uganda and experiences in refugee settlements. Thirty-seven key stakeholders including health and justice providers, police, non-government and government organisations were also interviewed regarding their experiences of providing services to refugees.

Findings

All refugees had survived human rights abuses carried out in South Sudan, on route to Uganda, and within Uganda. Incidents of violence, SGBV, torture and other human rights abuses declined significantly for men in Uganda, but women reported SGBV incidents. The research demonstrates linkages between the physical, psychological, social/cultural and justice/human rights impact on women and men refugees, which amplified the impact of their experiences. There was limited screening, physical and psychological health and support services; including livelihoods and education. Refugees remained concerned about violence and SGBV in the refugee settlements. Whilst they all knew of the reporting system for such incidents, they questioned the effectiveness of the process. For this reason women opted for family reconciliation rather than reporting domestic violence or SGBV to the authorities. Men found it hard to report incidences due to high levels of stigma and shame.

Research Implications

Refugees largely fled South Sudan to escape human rights abuses including, persecution, SGBV and torture. Their experiences resulted in physical, psychological, social-cultural and justice effects that received limited responses by health and justice services. An integrated approach to meeting refugees' needs is required.

Practical implications

The authors make recommendations for integrated gender sensitive service provision for refugees including more systematic screening, assessment, and treatment of SGBV and torture physical and emotional injuries combined with implementation of livelihoods and social enterprises.

Social implications

The research demonstrates that stigma and shame, particularly for male refugee survivors of SGBV and torture, impacts on ability to report these incidents and seek treatment. Increasing gender sensitivity of services to these issues, alongside provision of medical treatment for injuries, alongside improved informal justice processes, may assist to counteract shame and increase disclosure.

Originality

There is currently a lack of empirical investigation of this subject area, therefore this research makes a contribution to the subject of understanding refugees' experiences of SGBV and torture as well as their perceptions of service provision and response. This subject is strategically important due to the pressing need to develop integrated, gendered and culturally sensitive services that listen to the voices and draw on the expertise of refugees themselves, whilst utilising their skills to inform improvements in service responses and policy.

Key words: *Refugees; Sexual and Gender-Based Violence; Torture, South Sudan; Northern Uganda; Health; Justice*

Paper Type: *Research paper*

Introduction

Reasons for fleeing to northern Uganda

South Sudan gained independence from Sudan in 2011, but hopes of a peaceful future were thwarted when fighting broke out in Juba five years ago. Since then, conflict has spread across the country and led to immense loss of life and property. Almost 400,000 people have been killed and over 4 million people displaced. The South Sudan displacement crisis is now the largest in Africa and the third largest globally after Syria and Afghanistan. Half of the refugees who have fled their homes now live across the border in Uganda, Ethiopia or Sudan. Despite being away from the conflict, the effects of conflict-related human rights abuses are ever-present. This has caused devastation and torn apart communities and relationships even amongst South Sudanese refugees, who due to the traumatic impact of their human rights abuses and experiences often resort to violence (Beaumont, 2019).

As of January 2016, over 644,000 refugees had fled into the neighbouring countries of Ethiopia, Kenya, Sudan, and Uganda. Uganda had previously received a significant number of South Sudanese refugees, and refugee settlements in Northern Uganda have experienced a rapid influx of refugees displaced by the recent violence. UNHCR estimates that there are more than 290,000 refugees located in refugee settlements in Adjumani, Aura, Kiryandongo and Koboko districts (Adaku et al. 2016). Eighty-two percent of all new refugees in Uganda are women and children. About 92 percent of refugees live in settlements alongside local communities, mainly in Northern Uganda or West Nile (Adjumani, Arua, Koboko, Moyo, Lamwo and Yumbe) with smaller numbers in Central Uganda, Mid-West and Southern Uganda or South West. Urban centres such as Kampala are home to eight percent of the refugee population (UNHCR, 2019). The majority of refugees have experienced a multitude of human rights abuses including sexual and gender-based violence and torture, however in-depth information regarding the needs and experiences of this population is lacking (The Guardian, 2018).

Challenges in hosting Refugees in Northern Uganda

Uganda continues to be the largest refugee hosting country in Africa with nearly 1.45 million refugees, which represents 3 per cent of Uganda's entire population. UNICEF is supporting Ugandan Government social mobilisation efforts as well as water, sanitation and hygiene interventions. Since 2016 the number of refugees per 1,000

inhabitants has tripled to 35, putting a huge pressure on local resources and services, yet external aid has been progressively dwindling over the years, causing major gaps in the refugee response. Implementing partners face enormous challenges in stabilising existing programmes and meeting the minimum standards of service provision, let alone investing in long-term and more sustainable interventions. The level of funding for the refugee response in Uganda reached an all-time low in 2018-19, with only 42 percent of contributions received as of October 2018.

Severe underfunding has particularly compromised the quality of child protection and education services and has resulted in limited investment in prevention and response to Sexual and Gender-Based Violence (SGBV), environmental protection, support for host communities, and permanent community infrastructure. According to UNHCR (2019), with 34 percent of its population below the income poverty line (US $1.9 per person per day), Uganda may be unable to fully realise a comprehensive refugee response in the future and maintain its progressive refugee policy without adequate support from the international community.

Policy for refugees in Northern Uganda

In comparison to many other countries across the globe, not least economically richer parts of the world, Uganda's willingness to host hundreds of thousands of refugees stands out as a positive example. Furthermore, the government has taken significant steps to allow for greater freedom of movement and access to work for refugees, going against the global grain. The positive aspects of Uganda's approach, as documented in the rights in exile policy paper therefore, should be applauded (International Refugee Rights Initiative, 2018). Against this backdrop, it is vital that there is a clear understanding of both the gap between rhetoric and reality, and the pitfalls of the settlement policy is investigated. First, significant financial support is required for meaningful positive changes to be achieved. Second, the current situation in Uganda is likely to become a protracted refugee crisis therefore more durable solutions are required. Third, as with refugees, local communities must also be consulted in a more meaningful way regarding service provision for refugees. Fourth, whilst resources are important, they cannot replace rigorous policy making and implementation that is attuned to the needs of refugees (International Refugee Rights Initiative, 2018).

Rationale for the current study

The conflict in South Sudan is characterized by human rights violations, including sexual and gender-based violence (SGBV) and torture (UNHCR, 2017). This article utilises the UN Convention against Torture (OHCHR, 1984), which defines torture as:

> *Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.*

In the context of this research this includes physical and psychological pain through SGBV and/or torture.

Adaku et al. (2016) found diverse mental health and psychosocial support problems amongst South Sudanese refugees in Northern Uganda and the burden is considerable, yet there are few services. Their research argued for services addressing social concerns and mental health problems. Reports cite high levels of sexual abuse and torture; particularly rape of refugees by soldiers (Isis-WICCE, 2015). Tempany (2009) argues there is little evidence regarding interventions that may be beneficial. The authors' and other research recommends a holistic approach sensitive to culture, gender and context (Isis-WICCE, 2015; Liebling et al. 2014; Liebling-Kalifani and Baker, 2010).

Using psychological/health and human rights perspectives, this research assessed the experiences of South Sudanese refugees in Northern Uganda together with service providers. Specific objectives were to: (1) examine the experiences of refugees and the impact of SGBV and torture on their lives; (2) analyse reproductive and psychological health, and justice needs of refugees from their own and service

providers' perspectives and; (3) evaluate responses to refugees by state justice, health services and key stakeholders. The research was distinctive as: (1) it collected and analysed in-depth qualitative data regarding the lived experiences of Sudanese refugees; (2) it examined state and non-state health and justice service provision; (3) it investigated the quality of service responses and diversity, and; (4) it provided evidence for informed policy formulation for future responses to such emergencies.

Methodology

Having obtained ethical and research clearance from Coventry University, Cape Town University, Gulu University and The Ugandan Council for Science and Technology in Kampala, the primary data collection for this research was undertaken in two refugee settlements in Northern Uganda (Adjumani and Bidi-Bidi) by the authors in May and June 2018.

Interviews with refugees

In collaboration with UNHCR, International Red Cross, Danish Refugee Council and local Refugee Welfare Councils within the refugee settlements, a total of 61 refugee survivors came forward to participate in the research. The participants were known to these organisations as having survived SGBV and torture and this was confirmed during interviews with the researchers. Those participating included 41 women refugees (15 in Adjumani and 26 in Bidi Bidi) and 20 men refugees (11 in Adjumani and 9 in Bidi Bidi) (see Table 1). All were adults over the age of 18.

Refugee participants were interviewed using a semi-structured interview schedule in a place within the refugee settlement that was safe and allowed confidentiality to be maintained. Each interview lasted between 50-90 minutes. The interview questions focused on the specific objectives of the study and included refugees' narratives of the impact of their experiences and perceptions of the support they received from service providers. Each interview was audio recorded with the permission of the participant.

The research team worked with interpreters who were recruited through the Refugee Welfare Councils who selected people that the community respected and trusted, including pastors, school teachers and social workers. Each interpreter signed a confidentiality agreement and was given training on the purpose of the research, the

practicalities of undertaking the data collection as well as ethical expectations. Refugees were given a choice regarding the gender of interpreters. All men selected a male interpreter with women selecting a woman interpreter. The languages that refugees spoke were Nuer, Madi and Arabic and Acholi, the language used in Northern Uganda. Some were fluent in English and thus did not require an interpreter.

During the interviews, some participants understandably became upset whilst discussing their experiences and the impact of these on their lives. The researchers followed ethical procedures and provided support for the participants and also the option of stopping interviews if they wished. None of the refugees opted to stop the interview, or withdraw from the research and fed back that they greatly valued the opportunity to give their narrative and to discuss their experiences and found it cathartic. Several interviews were carried out in small groups at the request of participants, where refugees were able to support each other and validate their shared experiences. Following all interviews, debriefing procedures were followed and all refugees were given details of additional available local support if required. None of the refugees interviewed requested additional support.

[Table One about here]

Table 1. Survivors participating in research by refugee settlement and by gender

(Source: Fieldwork by authors, May/June 2018).

Refugee Settlement	Males	Females	TOTALS
Adjumani (Pagrinya and Mungula)	11	15	26
Bidi-Bidi	9	26	35
TOTALS	20	41	61

Town Hall meetings with refugees

These meetings were advertised and took place at the end of each data collection phase in each refugee settlement. In total over 130 refugees, including men and women, attended these meetings, which took place in a communal building, often a place of worship. Initial findings of the research were presented by the research team

through interpreters and a question, comment and discussion session then followed allowing researchers to validate and triangulate the information and findings. Any issues of disagreement were discussed in detail. Notes were taken of the conversations by the researchers and these were confirmed and additions made by the interpreters. Each meeting lasted about 2 hours and concluded with the provision of soft drinks and snacks to enable informal discussions to take place.

Interviews with service providers.

Thirty-seven key stakeholders were interviewed including health and justice service providers, non-government organisations and government and refugee organisations providing services for South Sudanese refugees living in settlements in northern Uganda. These were interviewed in Kampala, Adjumani, Yumbe as well as the refugee settlements. All interviews were undertaken in English and lasted about 60 minutes. Informed consent was given by each respondent with confidentiality assured.

{Table 2 here}

Table 2: Key informants participating in research

(Source: Fieldwork by authors, May/June 2018).

Key Informant	**Numbers Interviewed**
International Organisations	12
Non-Government and Community-Based Organisations including Faith-Based Organisations	5
Health Professionals and Organisations	4
Justice and police professionals	3
Refugee-led organisations	5
Government organisations	8
TOTAL	**37**

Data Analysis

The refugee interviews were transcribed and analysed separately from the data from the key informants using N-Vivo 10 and then checking the codes manually. All information was analysed using thematic analysis following the procedures outlined by Braun and Clarke (2006: 87). This included initially reading and re-reading the interviews following transcription, and noting down initial ideas then analysing the data using N-Vivo 10. Secondly, codes were generated through noting interesting features of the data systematically across the interviews. Thirdly, codes were organised into potential themes and reviewed. These were double checked to see if the interview data fit the theme titles. Finally, themes were refined, giving clear names for each one and representative examples were selected for the current article. Codes were also cross-checked throughout the interview data and by the research team.

In order to ensure rigor and credibility of the research, the research team conducted training sessions to ensure interviews were carried out with the same level of awareness of the research protocol, and pilot interviews were discussed by the research team and interview schedules improved based on participant's feedback. The semi-structured interview procedure allowed focus and flexibility during the interviews. It included several prompts that allowed the expansion of answers and the opportunity for requesting more information, if required. All members of the research team who were involved in data collection had ten or more years' experience of conducting qualitative data collection, specifically individual interview techniques with survivors of SGBV and torture and key informants in Africa. The multidisciplinary background of the team in criminology, human geography, gender studies, clinical psychology and African studies, enabled us to explore different theoretical perspectives and using an eclectic approach to interpret the findings.

Triangulation was achieved through the use of the research team providing a broad source of data through interviews, written notes and meetings held where initial themes were discussed with research participants in each refugee settlement (Town Hall meetings). This contributed to a holistic understanding of the impact of refugee experiences of SGBV and torture and the service responses. Triangulation was also obtained by consensus decision making though collaboration, discussion and participation of the interdisciplinary research team, with their different perspectives.

We also used the interpreters' field notes, memos and reflexive journals as a form of triangulation to validate the data collected. This approach enabled us to balance out the potential bias of individual investigators and enabled the research team to reach consensus.

Results

Thematic analysis of the interviews of both refugees and key stakeholders identified seven themes that were related to important aspects of men and women refugee survivors and the stakeholders' experiences in providing support and services for refugees. These are detailed in Table 2 and include: experiences of refugee survivors; service provision for survivors; impact of experiences; gender issues; involvement of civil society organisations; barriers to service access; and recommendations for improving health and justice responses. These are discussed in turn with the recommendations incorporated into the discussion section.

(Insert Table 3 here)

Table 3: Themes from Analysis of Refugee and Key Stakeholder Interviews

(Source: Fieldwork by authors, May/June 2018).

Theme	Codes
Nature of refugee sexual and gender-based violence (SGBV) and torture experiences	**Sexual and Gender-Based Violence and torture Child abduction and marriage Family conflict and domestic violence**
Service provision	**Screening Health services Justice services Other services provided**
Impact of experiences	**Psychological/emotional impact Physical health impact Justice and rights impact**
Gender issues	**Lack of gendered understanding Need for gender-informed specialist services**
Involvement of civil society organisations (CSOs) and local non-governmental organisations (NGOs)	**Provision of emotional support Instilling hope**

Barriers to service provision	**Inadequate screening and health treatment** **Logistical challenges for service provision** **Lack of professional expertise** **Poor communication and co-ordination** **Insufficient funding**
Recommendations for improving health and justice responses	**Comprehensive screening and treatment for SGBV and torture** **Improved health responses** **Improved justice responses** **Further research**

1. *Nature of refugee sexual and gender-based violence (SGBV) and torture experiences*

The majority of refugees interviewed escaped South Sudan in the summer of 2016 when there was re-escalation of conflict between government and opposition forces after Riek Machar was reinstated as Vice President. Refugees made the journey to the North Ugandan border by land, often taking weeks to make their way undetected through the 'bush'. They crossed the border and were processed at one of three 'gateways'. Due to the huge numbers arriving in a short space of time, the Government of Uganda gave them all sanctuary. However due to the large numbers, UN processing was minimal, with few if any being asked about any human rights abuses they had experienced and this being recorded. For most participants this research was the first time they had told their stories about their experiences of migration and their settlement in Northern Uganda. For some, the opportunity to tell their stories was at the same time both upsetting but also deeply cathartic

1.1. Sexual and Gender-Based Violence and torture

All refugee participants (all 18 years or older), of both genders and marital status reported to have experienced or witnessed one of more of the following human rights abuses: violence (including beatings, being shot), Sexual and Gender-Based Violence (SGBV), physical and/or psychological torture and other human rights abuses such as being unlawfully detained, being robbed or being denied healthcare. Both men and women refugees, had experienced violence, SGBV and/or torture. Table 3 illustrates the range and seriousness of the human rights abuses experienced by those interviewed, using their own words.

Table 3 illustrates that all survivors interviewed, both men and women, had experienced violence, SGBV and/or torture. Men tended to be victims of violence as well as physical and psychological torture, whereas women were more commonly subjected to violence and SGBV. Seventy-five percent of the men interviewed reported being beaten and/or tortured, with 25% claiming they had been shot by combatants or had been sexually assaulted/raped. The majority of women participants had experienced SGBV either from South Sudanese Government soldiers and/or rebels as well as from their husbands after arriving in Uganda.

[Insert Table 4 here]

Table 4: South Sudanese Refugees: Illustrative quotes of the experiences of violence, SGBV and/or torture of research participants, by gender.

(Source: Fieldwork by authors, May/June 2018)

Male Survivors	**Female Survivors**
'On 2nd July [2016] the security personnel received this information and came to my home. The children were at school. They shoot everywhere; my elder brother was killed in that process. They arrested me and some of them suggested to kill me, others said I must be taken in order to have more information. They tortured me they burned me on foot, hit my chest and even experienced homosexual acts. They put me in prison for four days.' **(PPM11)** *'In South Sudan, because I lost my father, we were the ones who helped our mother to cultivate. One day my mother was cutting cassava and soldiers arrested her. When the information reached us, we rushed to see her and it was that time soldiers surrounded us, beat us, accusing us of providing food to rebels in the bush. Because of these kicks, beating, I have problems with my kidney.'* **(PPM04)** *'After being arrested, we were taken and locked in the cell. During the night, we were beaten outside accusing us as rebels. We were about 30 in there. Each day they were taken one person and killed him. They burnt me with plastics.*	*'…and for her she was shot here and for the child it was at the head here [indicating where]. They were shot together with child. There was one woman raped by three persons, the other one was raped by two and the other one with the children at the back was raped by one person.'* **(APW6)** *'For us [women] they asked to give 200,000 South Sudanese Pounds each or accept to sleep with the six soldiers. The other women said that if her husband was going to be killed, she preferred to be killed with him. Then they shot them in front of us. They started raping us all and put us on the roadside.'* **(BBFG2-2)** *'He tightened my hair [the perpetrator], he started beating me…beating me, you can see in the eyes. He came with even a knife. He said I should satisfy him.'* **(BBF)** *'When we were in South Sudan I was living with my Grandma, when she died I moved to another family but not related. In the process to coming to Uganda, I came with these boys and girls I considered as brothers and sisters.*

Twenty-six of us were killed.' **(PPM06)** *'In 2016 we were at work when this war started. We (civilians) were in the middle of fire between Government and opposition soldiers. From there, we ran away with nothing and our property was stolen. Some of my relatives died. I decided to come to Uganda with my family. I really suffered psychological torture from what I have seen.'* **(PBM06)** *'Suddenly soldiers arrived to arrest us. Asking why they were running. One soldier stabbed me with a bayonet here [showed the scar]. Soldiers tried to break necks and tied us together. They asked for money and I gave them 40,000 South Sudanese Pounds.'* **(PBM08)** *'They beat me and one knocked my back with his knife. They put a long knife on the fire and they burn all my face [showed scars]. After, the commander said to release me I had to give them 2 cows, 4 goats and 8,000 South Sudanese Pounds. I gave them what I had and I went home. From home my older brother took me to Congo. I had treatment in Congo and in November [2016] I crossed to Uganda. Up to now I sometimes lose my memory.'* **(BBR08)** *'Four rebels stopped us [as they were escaping] and said nobody will run away. They started to ask our names and straight they started beating me, tied me up, kicking me with their bayonets at the back and shoulders…..I asked them to let the little girls go and kill me if they want. From there they took the girls for rape…'* **(BBR08)**	*Arrived here, they forced me to marry one of the boys. Psychologically I was tortured as I was not ready for that as I was 17 at that time. I was taken to the Protection House [in the refugee settlement] and left the husband. After I came back to the husband, to find he got another wife.'* **(W4BB)** *'After I married my husband he married two other wives. Now he rarely comes in the house. When he comes, it is in night and he starts to beat me. You can see where he beats me in the head, sometimes he rapes me. He sometimes takes me in the bush trying to kill me.'* **(MPF03)** *'When they brought them here [Refugee Settlement] in 2014, she starts doing casual works to earn money. One day when she came from the work, she found her husband drunk, he beats her badly and she decided to go to her parents and left the children with him. Since she left, the children suffered and her elder daughter (17 years old at that time) got married [a forced marriage arranged by the husband].'* **(MPF04)**

Many of those involved in this research experienced multiple incidents of human rights atrocities, both in their home situations and whilst escaping to safety. For some the abuse continued after arriving in Uganda. Table 4 shows the experiences of

violence, SGBV and/or torture inflicted in those interviewed whilst in South Sudan. This shows that men suffered more cases of abuse compared to women when calculated per capita, with men suffering on average 2.75 incidents compared to 1.36 per woman. This of course does not imply that each incident was of the same severity. Men reported more cases of violence and torture and fewer cases of SGBV than women, whilst women were subjected high levels of violence, including SGBV, but less of torture. The main perpetrators of the atrocities in South Sudan were Government Soldiers as well as Rebels. Some refugees suffered at the hands of both.

[Insert table 5 here]

Table 5: Experiences of violence, SGBV and/or Torture of refugees in South Sudan

(Source: Fieldwork by authors, May/June 2018).

Refugee Settlement	**Violence**	**Torture**	**SGBV**	**Other Human Rights Abuses**	**Perpetrators (where known)**
BIDI-BIDI (26 women)	17	4	12	3	Government Soldiers: 6 Rebels:3 Husband: 10
PAGRINYA (7 women)	6	4	0	4	Government Soldiers:4 Rebels:1 Husband: 1
MUNGULA (8 women)	4	0	0	1	Government Soldiers:1 Rebels: 3 Husband: 1 Brother-in-law: 1
Women Totals: 41	**27**	**8**	**12**	**8**	**Total: 55**
BIDI-BIDI (9 men)	5	8	1	8	Government Soldiers: 5 Rebels: 5 Civilians: 2
PAGRINYA (11 men)	11	10	1	11	Government Soldiers: 9 Rebels: 2

Men Totals: 20	**16**	**18**	**2**	**19**	**Total: 55**
TOTAL	***43***	***26***	***11***	***27***	***107***

Table 5 shows the reported human rights abuses experienced amongst the same South Sudanese refugees whilst living in refugee settlements in Uganda. There is a large reduction of violent incidents indicating that cases of violence, torture and other human rights abuses declined by approximately 66%. There were no cases of torture reported. However the number of cases of SGBV slightly increased from 10 to 11. Incidents of violence, SGBV, torture and other human rights abuses declined significantly for men once they arrived in Uganda, however for women rates of SGBV and other human rights abuses remained high. This was mainly as a result of domestic violence and sexual assaults by husbands as well as South Sudanese and Ugandan civilians.

[Insert table 6]

Table 6: Experiences of Violence, SGBV and/or Torture of refugees in Uganda
(Source: Fieldwork by authors, May/June 2018).

Refugee Settlement	**Violence**	**Torture**	**SGBV**	**Other Human Rights Abuses**	**Perpetrators (where known)**
BIDI-BIDI (26 women)	9	0	8	4	Husband: 12 (including 1 forced marriage) Ugandan Civilian: 2 South Sudanese Civilian: 3
PAGRINYA (7 women)	0	0	0	0	
MUNGULA (8 women)	6	0	2	3	Husband: 6
Women Totals: 41	**15**	**0**	**10**	**7**	**Total: 32**
BIDI-BIDI (9 men)	0	0	1	0	Wife:1
PAGRINYA	0	0	0	1	Sudanese

(11 men)					Civilians: 1
Men Totals: 20	**1**	**0**	**1**	**1**	**Total: 3**
TOTAL	***13***	***0***	***11***	***8***	***32***

It is clear that the majority of men's experiences of violence, SGBV, torture and other human rights abuses took place in South Sudan. Ninety percent reporting that they had only experienced this treatment in South Sudan, with only 10% claiming to have experienced such behaviour in South Sudan and Uganda. However many men claimed that the South Sudanese Government was sending undercover agents into the refugee settlements to kill them. Although they had reported this to the Refugee Settlement Commanders, all felt that their personal security was at risk and were often in hiding to protect their families. By contrast 43% of women reported that they experienced atrocities in South Sudan and during their journey to Uganda. Forty-eight percent stated that their experiences continued after they settled in Uganda. Personal security issues were very real for women staying in the settlements, often living in flimsy tarpaulin shelters.

1.2 Child abduction and Marriage

Within the settlements personal security was reported by refugees to be lacking, and particularly women and girls continued to experience SGBV, including the abduction of young girls from Uganda into South Sudan for the purposes of child marriage. Such abductions were reported to be mainly perpetrated by family members, including fathers. Justice Africa (2016) reported that economic hardship and the civil war in South Sudan have 'boosted' an already dowry-dependent local economy, in which parents view their daughters as their only source of wealth; their "bank accounts". This culturally sanctioned view of girls and women as commodities and the associated SGBV violence has accompanied South Sudanese refugees who are living in Uganda as is illustrated by some of the testimonies from women in Table 3.

It was explained that this was partly due to a clash of culture and differing legal frameworks between South Sudan and Uganda. Disparities in Ugandan and South Sudanese marriage law created confusion and conflict, as in South Sudan a child can be married at puberty, whereas in Uganda 18 years is the legal age for marriage. Service providers were very conscious of this situation and were involved in

awareness raising campaigns within refugee settlements to inform refugees that marriage of a child under the age of 18 years is illegal in Uganda. The research found that the police would intervene if a child at risk was reported to them. However, refugees' testified that the perpetrators were often residing in South Sudan and would cross the border to abduct young girls for forced marriage. This makes it a crime that is very difficult for the Ugandan authorities to tackle.

1.2. Family Conflict and Domestic Violence

Domestic violence was reported to be very common in the settlements, reflecting the culturally accepted violence in South Sudan communities and families (Leudke and Logan, 2018), but many women claimed it was worse in the refugee settlements. One reason they gave for this was the change in power relations between husbands and wives following refugee settlement. Male refugees had very often sent their female relatives with their children to the settlements ahead of themselves. As a result, the UN registered these women as the head of the household. It was therefore reported that 70% of households in Adjumani and Bidi-Bidi refugee settlements were headed by women. This had a positive and empowering impact on women, and meant that within this context refugee women were the main decision-makers for the family and received food rations.

However, many husbands and male relatives found this situation very difficult to accept. Service providers, including a UN agency and a local government official, confirmed that it was possible to change the name of the registered head of household at the request of the family members and in cases of family separation. However, this could only be done if the proposed head of household was a registered refugee. As many male refugees failed or refused to register as refugees when they joined their families, this was not possible and exacerbated the situation as household rations then had to stretch to feed unregistered household members, often causing conflict and shortages within the family unit. Many refugees cited this change in family power dynamics, as well as substance abuse, as reasons for the high levels of domestic violence in the refugee settlements. As a member of a Refugee Welfare Council explains:

> *Leaders ignore the suffering of refugees. When we bring refugees together who have experienced SGBV and torture they reveal a lot of stigma and shame*

as well as continuing abuses at a family level. High levels of poverty make men feel helpless and domestic violence levels are high in the settlement.

2. Service provision

2.1. Screening

Both refugees and service providers discussed the fact that refugees were frequently not screened on arrival in the refugee settlement, although it was mentioned that a screening tool had been developed by the Refugee Law Project (Dolan, 2017). Refugees and service providers felt that all refugees should be screened regarding their experiences in South Sudan, on their journey to Uganda and in Uganda. A senior professional working in a Refugee organisation based in Kampala and providing some funded legal and medical services for refugee survivors of SGBV and torture stated:

If you go to reception points they do an incredibly shallow kind of screening and it's just absolutely hopeless. So, you know we would still advocate for across the board screening and recognising that the dynamics are extremely complex and that what works at month 1 might be different to 6 months and what works 5 years after.

The organisation therefore recommends that thorough screening should be undertaken at regular intervals to ensure appropriate services are available to refugees.

2.2. Health services

Refugees reported that they received very little healthcare during the conflict in South Sudan and on their journey to Uganda. They also reported that there was little if any health screening when they entered Uganda or when they were sent to reception centres. Only when they were resettled in refugee settlements did they feel there was provision of some health services. The main providers of health services cited by survivors were government health centres, and services provided by Non-Government Organisations which were located in the refugee settlements.

Both refugees and service providers reported that health service facilities were inadequate and unable to respond to refugees' needs. There were Health Centres 1, 2 and 3 in the settlements but a lack of Health Centre 4 and insufficient clinics for the

refugee population. Refugees said that they had received minimal treatment for their health problems. When survivors had access to health services it was mainly for women who had experienced SGBV, pregnant women or those with minor aliments or injuries. None of the male refugees had sought testing or treatment for SGBV including rape.

A number of men had bullets embedded in their limbs and claimed there were no services in the refugee settlements to remove them. We were informed by service providers that specialist treatment was available in Ugandan public government hospitals in Gulu (five hours away by road). Service providers informed us that for specialised treatment for those refugees in Bidi Bidi Refugee Settlement, Medical Teams International supported referrals to Arua hospital, and Interaid made referrals to Lacor hospital and Mulago hospital, Kampala. All the men interviewed stated they had not reported their injuries officially and when they went to the health centres the main treatment was paracetamol medication to relieve pain. A male refugee explains his situation:

> *I was taken to the clinic as one of my ribs was broken and nothing was done. Now it is pointing the other way. There is no proper medication. I am requesting to be taken to another hospital or for doctors to be sent to help me*.

We were informed there was a lack of specialists, including reproductive and gynaecological health professionals, to assess and treat refugee survivors of SGBV and torture. Maternal health care was also lacking. A young refugee woman told us:

> *There is no help. It is only one woman from Citizen Genocide who gave me two cloths. [She had been turned away from the health centre as she did not have cloths to cover the examination table.] I am in pain but there is no medicine. When I go to the health centre, they say there is no medicine for the sickness.*

Another young woman refugee pleaded:

The Government should provide enough medicine to health centres for people injured who experienced torture.

A woman refugee explained the gaps during a feedback session:

We need specialists including gynaecologists and midwives needed to deal with our health problems and treat them. We also need psychological counselling and peer support.

Another women refugee entreated that:

There should be a specific place for counselling. For example if someone needs counselling, it should not be done at home but in a specific place.

There was limited provision of counselling for refugees and only one psychiatric clinical officer in one of the settlements. The counselling provided was limited and it tended to be Cognitive-Behavioural Therapy (CBT) focussed, with a lack of the integrated approach required. Refugee survivors groups had also been formed for survivors of SGBV through faith organisations that also provided limited trauma counselling services. Refugee Law Project provided medical treatment and some counselling for men refugees which, had increased disclosure of men survivors of SGBV. Some community organisations also worked together with traditional structures to provide community outreach regarding education about mental health and physical health problems. However, there were many challenges providing even adequate services for refugees as a member of a Refugee Welfare Council explained:

There is a Health Centre 2 and 3 in Adjumani but the Health Centre 2 here has no admission facilities. The Health Centre 3 cannot manage the health needs of refugees as they are over-stretched and for survivors of torture and SGBV we really need to go to Adjumani, Gulu or Kampala and UNHCR are supposed to pay. However, sometimes refugees are transferred for treatment and we are told the money has not been paid. There is no psychiatric clinical officer, no HIV+ medication. Language barriers are also a problem and sometimes health staff demand for money.

We were informed by service providers that SGBV counselling services were available for both men and women who identified or reported cases. However, there were limited counselling services available for those refugees who had experienced torture. Whilst the majority of women refugees interviewed confirmed they had participated in more than one counselling session, sixty-five percent of men refugees had not received any counselling.

2.3. Justice services

All refugee participants acknowledged and accepted that human rights abuses committed against them in South Sudan and on the journey to Uganda were unlikely ever to be prosecuted. But they were anxious that their experiences should be documented, in the unlikely case that charges could be brought at a later date. However they were concerned that crimes committed against them in Uganda should be investigated and justice executed. Within Uganda justice and rights-related services were delivered by police, UN organisations and community-based organisations including faith-based organisations. A few community-based organisations provided legal aid, access to justice, counselling and psychological support. They assisted in the speeding up of access to court and supported refugees to access justice. They worked closely with traditional leaders and Madi chiefs on transitional justice issues. We were informed by service providers that mobile court services had commenced and were provided to help clear the backlog of refugees going to court. Social protection was also provided by community organisations in conjunction with the Office of the Prime Minister and UNHCR. Psycho-education groups were held with women refugees to educate them regarding access to justice.

All survivors living in the refugee settlements in Uganda that participated in this research confirmed they knew and understood the reporting system of alleged crimes that took place. Those who spoke of sexual offences in the settlements said that there was a clear health pathway for the cases but these were rarely followed through effectively by the criminal justice system. One woman refugee who reported an incident of SGBV in the settlement to the police told us:

> *The only problem is when I reported to the police, they asked for money, saying if I don't have money they are not going to investigate this issue.*

However the general view of refugees was that in Uganda access to justice was lacking, with refugees often having to settle criminal matters through informal community structures in the refugee settlements.

2.4. Other Services Provided

The Ugandan Government treats South Sudanese refugees as a Prima Facie case therefore they do not need to apply for refugee status. They provide refugee households with a 30 metre x 30 metre plot of land and farming implements and give them identity cards. Further support is given to those refugees who are considered vulnerable, such as unaccompanied minors. Service providers we spoke to also referred to English language services provision, socio-economic activities for refugees and livelihood workshops including forestry.

Service providers informed us that the quality of education in the refugee settlements was 'fair' but there were challenges of over-crowded classes resulting in high numbers of pupils per teacher and a lack of basic facilities. All the refugees stated that one of their greatest challenges was getting a good education for their children and their view was there was a lack of secondary schools. Whilst there were government primary schools in the settlements, these were perceived by refugees as over-subscribed offering poor quality education. Those that were available were some distance from the settlements and required children to pay fees. According to service providers, there were six secondary schools in Bidi Bidi Refugee Settlement, one in Zones 1 to 4, whilst Zone 5 had two secondary schools which were free for refugees and Ugandan nationals. However, refugees told us that there were no vocational training facilities in the settlements or scholarships to assist them complete their further or higher education.

Service providers informed us that water and basic foods were free and available for refugees with support from UNHCR and other partners, including the World Food Programme. However, there was widespread food insecurity in the settlements. However, survivors felt the provision of basic needs including shelter, water, food and clothing was a challenge for them, for instance some refugees said they did not have adequate housing and were still using sleeping under tarpaulin. Refugees also related that they often sold their rations to pay for education and health costs.

The Ugandan government faced many challenges in providing adequate services for the huge numbers of refugees living there as explained at an interview at the Office of the Prime Minister for refugees:

> *Resources are limited 7% of the refugees needs are met but 93% of refugees needs are not funded and we cannot meet their needs and the environment is being destroyed. There are no adequate health services and the refugee population puts a lot of pressure on our existing services and facilities including lack of treatment for HIV infection. …. there is pressure on schools as well as insufficient clean water leading to diseases.*

3. Impact of experiences

In terms of the impact of human rights abuses on women and men refugee survivors of SGBV and torture living in Northern Uganda, analysis of the data demonstrates complex linkages between the physical, psychological, social/cultural and justice/human rights effects on women and men refugees, each compounding others and often interlinked.

3.1 Psychological/Emotional impact

All the refugees interviewed, reported suffering both short and long-term psychological impact from their experiences. The short term impacts included: flashbacks of the atrocities they witnessed and SGBV/torture they experienced; fear; family separation and divorce; and feelings of helplessness and many reported ongoing health consequences from both the migration and injuries sustained during it. Survivors described feeling hurt and thinking a lot about their experiences. A number of participants reported feelings of suicide and could recount having attempted suicide. At the times when this was talked about during the research, participants were given appropriate support and signposted during the debriefing to where they could access further treatment and local services where required. Service providers narrated that the psychological impact on refugees included trauma, severe emotional distress, fear, alcohol and drug use, anger, violence including domestic violence, nightmares, and feeling depressed and helpless.

None of the refugees we spoke to had access to counselling, apart from limited counselling immediately following the report of an incident of SGBV, but instead most turned to relatives or faith groups for help. Service providers said many refugees found it difficult to discuss their experiences and stigma, fear and shame inhibited disclosure. A female refugee described her experiences of accessing counselling through International Red Cross (IRC), following domestic violence from her husband:

> *IRC did not tackle my husband. I don't know why they didn't do anything. After Sudan my husband also started beating me from here [Uganda] but now I wish to be counselled…this is what I want. If my husband sees me going to IRC then he will beat me seriously so normally IRC do outreach in a confidential way so the man does not know.*

Service providers informed us that many refugees found it difficult to discuss their experiences as it was also dangerous to do so and stigma and shame inhibited disclosure. One of the service providers we interviewed who provided medical treatment and some counselling for refugees when they received funding; felt that refugee survivors who identify as homosexual had particular needs that services were not addressing adequately. This is particularly challenging as homosexuality is illegal in Uganda. A Senior Professional in this organisation said:

> *One {issue} is around sexual violence and what is does to gender and sexuality and the other is more from the position of sexual and gender minorities and where do they fit in in the picture. Or given that they don't fit in the picture is for most organisations where should they be and what kind of support are we able to provide.*

3.2 Physical health impact

Refugees described the main physical health impacts of their experiences in South Sudan and on the journey to Uganda which, included injuries from violence and physical torture such as to the head, eyes, ribs, fingers, chest, hips and shoulders. Most injuries had not been treated and this had resulted in complications: such as coughing; headaches; kidney disease; high blood pressure; and heart disease; and

disabilities such as: broken bones not healing correctly resulting in poor mobility; back pain; and paralysis. Survivors were often disabled. Many also experienced severe pain from torture injuries as well as being infected with HIV, AIDS and Hepatitis.

In addition the physical impact on women refugees included: pregnancies from rape, especially young unmarried women; being beaten up and injured by their husbands. We were informed that women also lost their lives during delivery of babies due to the lack of adequate health care and babies had also been injured during delivery, for example losing an arm. Women also described genital trauma including fistula, and difficulties urinating. Men were sometimes castrated and those who were raped suffered rectal prolapse and injuries that were not diagnosed or treated. The extent of physical injuries had a severe impact on refugees' ability to undertake physical work.

3.3 Justice and Rights Impact

Within the refugee settlements in Uganda legal services and protection were provided by community-based, international non-government organisations, the Ugandan Government and UNHCR. The services included assistance taking cases to court, protection and child protection, access to justice, education regarding rights, and limited support with access to health care. Ugandan police receive training on providing justice for refugees and follow procedures for crime reporting, complete the necessary paperwork and also assess the perpetrator's mental state. However there were many logistical challenges for refugees to get justice including a lack of police officers particularly women police officers, lack of transport, paper and pens to make a report and a lack of fuel for police vehicles to collect statements and evidence. Perpetrators often escaped over the border or paid bribes to avoid prosecution. A police representative interviewed in a refugee settlement explained some of the difficulties providing policing services in the settlement:

> *Since we are few and the transport we have is one motorcycle but it cannot run all over this place as in Adjumani there was serious fighting and we may lack fuel to reach and it is very bad as these people are vulnerable and the law says that we should aim to do our work and not ask for anything from them and that is our duty. We sacrifice ourselves to give security to them and we*

have to ensure they are living peacefully in their respective camp. So another thing is after all this when they resort to becoming drunk they resort to even setting their houses ablaze.

Service providers informed us there was security in the settlements provided through neighbourhood watch and police posts in all zones with armed forces. However, some of the refugees we spoke to told us they had witnessed or experienced violence in the settlements. Refugees and service providers informed us there was violence in the settlements including sexual and gender-based violence, and domestic violence which was often precipitated due to a lack of food rations and fuelled by alcohol and drug abuse. It was recounted that a lot of violence and fighting was perpetuated by unemployed youth who drank alcohol and took drugs. This included fires been set and houses being burnt down. A police officer described a recent challenge:

There was serious fighting in [Adjumani] and people are vulnerable. The police here sacrifice themselves to give security. Youth refugees had set houses on fire when they had been drinking but we have few police and lack transport.

Women survivors were particularly concerned about their personal security, in particular SGBV and domestic violence, although service providers informed us that in Bidi Bidi Settlement there were no reported SGBV cases with all reported cases taking place outside the settlement perimeter. However, one woman refugee said that her husband followed her from South Sudan to Uganda and started to hit her again. Threats came not just from husbands, but also male refugees and the local Ugandan community. There was a real concern by mothers that their daughters were being kidnapped and forced into marriage back in South Sudan by their husbands and other male heads of households (see above). The Ugandan authorities were well aware of this and had implemented an awareness raising campaign on this issue in the settlements. The conflicting laws on child marriage caused difficulties and the police in Uganda were trying their best to educate South Sudanese regarding not marrying girls until they were eighteen years old. A police officer told us:

In South Sudan girls can marry at the age of 14 years in their culture but in Uganda a girl cannot marry until she is 18 years old. The problem is within the Ugandan law we charge them for this. This produces difficulties for us.

Social justice and legal support was said to be particularly lacking for women survivors' of sexual and gender-based violence. The Courts were long distances away and it was reported that 10% of cases wait over one year to be heard. It was felt that defilement cases were more likely to be successful than rape cases. Seeking justice was considered dangerous and therefore survivors tended to keep quiet. However, it was generally felt that police and social justice structures were better than in South Sudan.

The majority of refugees told us that although they generally felt secure in Uganda, they remained concerned about violence and SGBV in the settlements. Whilst they all knew of the reporting system for such incidents, they questioned the effectiveness of the process at times. For this reason, women said they would often opt for family reconciliation or interventions through informal community dispute mechanisms rather than reporting domestic violence or SGBV to the authorities.

4. Gender Issues

4.1 Lack of Gendered Understanding

It was generally felt by refugees that services needed to be more responsive to the unique needs of refugee men and women and their living contexts. In particular they mentioned services such as sexual and reproductive health, support for female-headed households, land skills development projects and justice responses that are sensitive to complexities of SGBV cases, were needed with respect to health and justice provision. It was reported that there was a lack of a gendered understanding of the needs of refugee survivors. A representative of an NGO stated:

There are several factors triggering gender-based violence including the selling of goods by men, women gaining their rights, the accumulation of problems, stress and distress, the inability to send children to a good school,

loss of properties and businesses and an inability to receive treatment for a chronic illness.

This quotation demonstrates the complex nature of the situation and how it is important to understand and to take into account the experiences of men and women refugees.

4.2. Need for Gender-Informed Specialist Services

The analysis of the interviews of refugees also indicated the pressing need for gender informed specialist services. SGBV services were often viewed as being accessible to or focused on the experiences of women, excluding men who also experienced SGBV and torture both in South Sudan and within the settlements. A female refugee described the difficulties men had in disclosing abuse by women:

Men fear to open up and many are tortured by women.

As this short quote illustrates, it was felt that men found it harder to disclose abuse and mistreatment, and providing medical treatment and support (for them specifically) assisted men to overcome stigma and shame and come forward.

Key stakeholders also emphasised the need for a greater focus on tackling the sexual and reproductive health needs of women who found their health problems stigmatising, and therefore did not come forward for treatment. A representative from the Refugee Law Project described a very upsetting case:

[in our screening we found] the woman who was gang raped 20 years ago and is still oozing god knows what because she never got the right treatment, so she has infections that have never cleared up, literally. And then open wounds and somehow it's all interconnected. All oozing to the point where she stinks and her own family can't have her in the same hut as them. Why is that happening? I mean it's just unbelievable. But it's true.

What is clear is that the conflict in South Sudan, the migration to Uganda, and settlement exposed men, women and children to all forms of sexual offences, physical

violence and torture. Gender, in this instance, was not a discerning factor. However, service provision has not fully recognised the issues experienced by males, and thus services for men are lacking or under-resourced.

5. Involvement of civil society organisations (CSOs) and local non-governmental organisations (NGOs)

5.1 Provision of Emotional Support

There were a number of local civil society organisations (CSOs) and NGOs supporting refugees and providing psychosocial services to refugee survivors of SGBV and torture, including faith-based organisations and church leaders. Faith-based organisations typically provided Bible-based trauma healing, spiritual and counselling services. They also carried out training for adults and children on "Bible-based trauma counselling."

CSOs provided psychological support for refugee survivors through groups and individual counselling and worked with all faiths regardless of their own denomination. One trauma counselling organisation explained:

> *We work closely with traditional leadership structures in the villages including the community leaders and faith-based leaders for our interventions. We train refugee mobilisers in the communities and use Biblical principles. We are a Christian organisation but we also work in Muslim communities.*

However there has been some criticism of such organisations who use such services to convert people to their own faith (Heist and Cnaan, 2016: Foust, 2018)

5.2 Instilling Hope

It was felt that CSOs, local NGOs and faith-based organisations provided an important function in assisting to instil hope among refugees. Psychologically being able to build trusting relationships following traumatic experiences with a trusted confidant, including friends and families, as well as individuals in organisations, is an important part of processing and healing traumatic experiences and building resilience

in refugees (Miller et al. 2019). Refugee survivor groups were formed in the refugee settlements by such organisations and were reported by refugees to be very helpful for connecting with others who had similar experiences, validation, psycho-education and sharing (Manson, 2018). One refugee described receiving tapes from the Baptist church that contains the New Testament Bible in their local languages. Several of the men and women refugees found their faith and going to Church a source of hope and one of the male refugees we spoke to described using the tapes to assist him to manage flashbacks. Another male refugee in Adjumani described being able to confide in church members:

> *We pray in groups, I am 7th Day Adventist. I pray Saturday, and some of the church members are aware of these incidents {of torture and SGBV).*

CSOs, including faith-based organisations (FBOs), through their work, are also engaged in raising awareness regarding the dangers of SGBV in the settlements and also provided training for the police. CSOs and FBOs worked closely with community and traditional leaders to increase the community impact of their work. This included training traditional leaders to act as refugee mobilisers within their communities. It was felt by some we spoke to that the contribution of CSOs and FBOs was sometimes not well recognised by the UN, Ugandan Government and international NGOs, and that FBOs lacked sufficient funding to support survivors effectively. CSOs were working together to try to boost the capacity, to provide services for survivors and to increase referrals. The research indicated that as well as building refugees own resilience, there could be more scope to further integrate CSOs and local NGOs into psychological health and justice services, as indicated by the previous quotation, as they were sometimes able to build trust with South Sudanese refugee communities, where attending church for instance, can be important, support that is aware of local cultural and political sensibilities.

6. Barriers to service provision

Numerous barriers to service access and livelihoods were identified by refugees and service providers. Medical staff felt that refugees attended clinics late for treatment, which affected recovery. Screening of refugees was absent or inadequate and Refugee Law Project and other service providers had recommended improvements to effective

screening and treatment of refugees at the earliest opportunity (see above). Transcultural Psychiatric Organisation (TPO) described some of the barriers they faced in provided support to refugee survivors:

> *There is an overwhelming demand for the services by SGBV victims and inadequate resources and understaffing. Due to cultural sensitivities there is a failure to share the problems affecting both men and some women. It is hard for us to access some locations as there are large zones with inadequate transport. Zone 5 had new arrivals in 2016 and therefore has a high demand for medical treatment. There is a lack of urgently required drugs in Health Centres 2 and 3; particularly Post-Exposure Prophylaxis (PEP) and medication for unwanted pregnancies.*

It was felt that refugees could not easily discuss sexual and gender-based violence issues due to stigma, shame and the danger associated with doing so. Changing social norms was also cited to be difficult and there were tensions between South Sudanese refugees and the Ugandan population who perceived that refugees were treated better than local communities. It was felt that psychological problems were harder for services to deal with as they lacked training and expertise to deal with these. Treatment at clinics largely consisted of paracetamol and there was an absence of specialist services for torture and SGBV survivors including fistula repair and treatment of men who had been raped. There was an overwhelming need for health facilities, medication and qualified staff. Obstacles were created due to the relationship difficulties between international organisations including UNHCR and implementing partners. Knowledge, treatment and support of refugees and gender sensitivity needing improvement through training of all professionals including medical staff and mental health professionals. Funding was insufficient for provision of adequate health, justice, education and vocational services for instance during an interview with a refugee settlement Commander it was stated:

> *The Government of Uganda get no funding to support refugees and bad publicity 'kills' refugees. There is a lack of water points and infrastructure gaps including poor roads, offices, bridges and accommodation for staff, some of whom travel*

over 10 kilometres to get to work. Livelihoods are poor and the soil is infertile. Registered refugees survive on about £20 a month which is not sufficient.

The barriers to providing and accessing services are therefore multiple and complex involving not just increasing resources, but also providing specific services, gendered approaches and being culturally sensitive to the needs of refugees.

4. Discussion

The research was the first time the South Sudanese refugees we interviewed had told their stories about their experiences of migration and their settlement in Northern Uganda. For some, the opportunity to tell their stories was at times upsetting but also deeply therapeutic and liberating. All thanked the research team for listening so empathetically to their narratives, which utilised a participatory and empowering approach. The research found that all refugees had survived human rights abuses carried out in South Sudan, on route to Uganda and within Uganda. A gendered pattern of SGBV and torture was revealed with men refugees more likely to be survivors of violence and physical torture; whereas women refugees were more likely to narrate incidents of violence and/or SGBV, which continued in the refugee settlements. This gendered pattern of human rights abuses has important implications in terms of delivery of a gender-sensitive service and responses. Incidents of violence, SGBV, torture and other human rights abuses declined significantly for men after arrival in Uganda, but women reported SGBV incidents in Uganda. Interviewing both refugees and service providers concerning health and justice provision in the refugee settlements raised some very important issues, in particular the complex linkages between health, justice, resilience and recovery and the need for services to sensitively respond to this using an integrative approach (Liebling et al. 2020; Murray and Zautra, 2011; Sherwood et al, 2012).

Men and women refugees were often unable to work due to their significant injuries, including both physical and psychological conditions. The need to make available appropriate treatment for refugee survivors cannot be over emphasised. In terms of the emotional impact, refugees and service providers related understandable traumatic effects as a result of their experiences. Table 7 summarises the main themes arising from the impact of experiences on men and women refugees interviewed.

[Insert table 7 here]

Table 7: Summary of the Experiences and Impact of SGBV and/or Torture on South Sudanese Refugee Participants Living in Refugee Settlements in Uganda

(Source: Fieldwork by authors, May/June 2018).

Gender	Physical	Psychological	Social/Cultural	Justice/Rights
Men	Physical injuries from torture and beatings Chronic pain Continuing health problems e.g. chest problems, kidney disease, embodied bullets. Disfigurement Disabilities e.g. unable to walk, lift arms.	Loss of loved ones Flashbacks Disturbing thoughts and memories. Dependency on wife and children. Fear for their safety and personal security. Depressed and suicidal. Loss of dignity. Loss of identity.	Loss of property. Marriage breakdown. Family separation. Challenges of education for children and themselves. Loss of future for children. Loss of tools and resources for livelihoods.	No longer head of household. Not registered. Fear of being attacked. Abuse and loss of freedom. Lack of access to adequate health and justice services. Lack of employment opportunities/credit. Challenges with access to food rations.
Women	Physical injuries from beatings including rape and miscarriage. Chronic pain. Gynaecological injuries and	Flashbacks. Disturbing memories. Traumatised. Distress including pregnancy from rape. Fear for their	Loss of belongings. Challenges with education for children Loss of children's future. Loss of	Unable to support family alone. Challenges accessing support. Challenges with access to adequate health and justice services. Lack of

	pain from rape. Continuing health problems e.g. kidney disease, back problems. Unwanted pregnancies	safety and personal security. Depressed and suicidal. Feeling useless. Humiliated and ashamed. Loss of identity.	livelihoods. Loss of family members. Family shame, usually due to rape. Challenges accessing support	employment opportunities/credit. Challenges with access to food rations

A number of refugees reported feeling suicidal and could recount having attempted suicide. However, despite this, none of the refugees we spoke to had access to regular counselling, apart from limited counselling immediately following the report of an incident of SGBV. Many turned to relatives or community and faith-based organisations for help as well as drawing on their own agency and resilience. The authors argue for recognition of the traumatic effects as a 'normal reaction' which requires recognition as such by all services. It is our view the effects reported represent a significant impact on socio-cultural identity, manifested in psychological, social, cultural and physical effects, which are integrated and inseparable, not split between mind/body and society and therefore require a joined up response by health and justice services (Liebling et al. 2020; Liebling-Kalifani, 2010).

Men and women refugees described the serious and long-standing physical health impact from SGBV and torture. Most physical injuries were not treated and this had resulted in complications including disabilities. The serious reproductive health impact on women was significant and this was largely left untreated. Men also experienced significant physical effects as a result of torture and sexual abuse, and they also reported a severe lack of treatment. Many experienced severe pain as a result of torture injuries as well as being infected with HIV, AIDS and Hepatitis. The extent of physical injuries had a severe impact on refugees' ability to undertake physical work and men in particular feared coming forward for treatment due to concerns they could be labelled by service providers as 'combatants' and dealt with differently. Access to health services was limited and found to be mainly for women who had experienced SGBV, pregnant women or those with minor aliments or injuries. Those we spoke to agreed there needed to be more focus on tackling

gynaecological health problems of women who found these issues stigmatising, and therefore did not come forward for treatment. None of the male refugees had sought testing or treatment for SGBV including rape. All the men interviewed stated they had not reported their injuries officially and generally the only treatment available was paracetamol medication.

We were informed by service providers that SGBV counselling services were available to both men and women but those we spoke to told us that they rarely had access to these services. There was limited provision of counselling for refugees with a lack of the integrated approach we feel is required. Refugee survivors groups had also been formed for survivors of SGBV through church organisations who also provided limited trauma counselling services, which demonstrated a positive impact in increasing refugee resilience. The majority of this counselling was provided by people who had no formal training. The research also found that there were limited counselling services available for those refugees who had experienced torture. There was also an identified need for support and counselling for those refugees who were abusing alcohol which was also felt, to be an underlying factor in domestic violence alongside women taking up in the role as head of household which disempowered men. We argue that it is highly important to focus on what refugees can themselves do to help cope with their situation as human resilience and the ability to recover following abuses that have a traumatic effect is significant. Our research therefore supports the work of Almoshmosh (2014) when discussing the plight of Syrian refugees and argues that there are many things that can be done at personal and community levels to help refugees adapt, increase their well-being, regain confidence, dignity, and the feeling of being in control. The role of refugee survivors in self-managing their psychological well-being needs to be better understood and actively encouraged.

The need to provide gender sensitive services that tackle stigma and shame and are sensitive to the issues faced by men refugees in this context is important (Christian et al, 2011; Dolan, 2018). The authors argue that more sensitive approaches are required towards gender differences and needs of refugee survivors. The research found that male survivors were often excluded from SGBV programmes and men in particular found it difficult to discuss domestic violence perpetrated by women in the

settlements and the abuse and torture they had experienced. Research has argued that in cultures where traditional gender roles are strongly adhered to, male sexual torture survivors were most likely to suffer in silence due to the stigma. Indeed recent research by Cheynoweth et al. (2017) described the scarcity of services for male survivors and the significant barriers to health treatment. The Refugee Law Project provided some specialised medical treatment specifically for men refugees in the settlements where we carried out our research. They found that this assisted male survivors of rape to overcome stigma and shame, and therefore discuss their experiences of sexual violence and torture (Dolan, 2017).

As can be seen in Table 7, the impact and needs of refugees cut across health, justice and social-cultural aspects of their lives and we therefore argue for an integrated approach that combines refugees own views regarding their justice, health and social-cultural needs for the most effective outcome for refugee survivors. The research demonstrated that refugees wanted their health and justice needs to be attended to in an integrated way, whilst providing livelihoods and education to give them dignity and hope for the future.

In terms of access to justice services, the research found that refugees were concerned about continuing violence and SGBV in the refugee settlements and women described incidents. Child abduction and forced marriage out of the settlements to South Sudan was identified as an issue by all key stakeholders and many refugees. UNHCR and the Office of the Prime Minister (OPM) had provided public posters warning about child marriage and child trafficking to inform refugees that this was unlawful in Uganda. In all of the Commander's Compounds we visited, there were posters displaying pictures of children who had 'disappeared', demonstrating how difficult it was for the authorities to tackle this crime.

Whilst all refugees we spoke to knew of the criminal reporting system for SGBV incidents, they were concerned regarding the lack of effectiveness of the formal justice process. As a result of this women refugees said they would often opt for family reconciliation or interventions through informal community dispute mechanisms, including customary courts as has been found in other research with refugee survivors of SGBV (Luedke and Logan, 2018; Justice Africa, 2016). Men

refugees we interviewed told us that, whilst they were reluctant to report domestic violence perpetrated by their wives, they did report incidents that related to external threats from alleged perpetrators from South Sudan entering the refugee settlements. We argue the need for more services for male refugee survivors as well as men and women torture survivors, and the need to consider a broader focus on both informal and customary justice mechanisms. The authors agree with previous work that recommends developing accountability mechanisms that cater to all experiences of injustice, to ensure that survivors of sexual violence and torture can seek redress, thereby interrupting the cyclical relationship between impunity and continued violence (Luedke and Logan, 2018; Justice Africa, 2016).

5. Practical and social implications

The following recommendations arising directly from interviews with refugees and service providers; are made for Ugandan and international partners to further develop and implement where feasible:

- *Comprehensive screening and treatment of human rights abuses:* All refugees should be screened and treated regarding their human rights abuse experiences as recommended by Refugee Law Project who found provision of screening and medical treatment for SGBV survivors increased disclosure, especially amongst men. Their recent report recommended (Dolan, 2017, 39):

  > *Screening, if done correctly and in conjunction with adequate referral mechanisms, creates a positive cycle of disclosure. Those who have disclosed and been assisted will in some instances make peer referrals of other cases they are aware of. Extending screening to the entire adult refugee population may not be necessary, even supposing it were viable. Once a supportive environment has been established, a percentage of cases will be identified through dynamics that are a no-cost and self-perpetuating product of the screening and treatment process.*

  It is critical to ensure that interventions meet the health needs of male refugee survivors to dovetail with existing efforts targeting women refugees, who bear the brunt of sexual violence and whose health and gender-based violence-related needs remain high across humanitarian settings (Chynoweth et al. 2017). Clinics in refugee settlements need to be better resourced and require logistics to carry out their work effectively including regular supplies of

medication and treatment, surgery facilities and vehicles. Post-exposure prophylaxis and emergency contraception is urgently needed in the local health clinics to prevent HIV infection and conception following rape.

- *Need for an integrated approach:* The research provides evidence for joining up health and justice service responses for refugee survivors of SGBV and torture, which responds to changing refugee needs as determined through regular screening, treatment and reporting. The importance of integrated culturally and gender-sensitive approaches in both health and justice provision is borne out by our findings and builds on earlier work with conflict survivors (Liebling and Baker, 2010; Liebling, 2018). The current research extends this earlier work, to argue that improvements in refugee survivors' dignity and resilience is dependent upon active engagement of refugees themselves, as well as combining formal and informal health and justice service responses, tackling the structural reasons for SGBV and torture as well as supporting the provision of a culturally and gender-sensitive approach. The research carried out recommends an approach that integrates formal and informal health and justice services to meet refugees' needs. This enables an approach that listens to and responds to the needs of men and women refugees in a way that continues to build their resilience, agency and restores their dignity.
- *Adequate staffing for physical and psychological health care:* We recommend where possible that the Ministry of Health together with NGOs including MSF and Doctors of the World, employ physical and psychological health care staff to bring the settlements to at least the Ministry of Health minimum health care requirements.
- *Psychological support and counselling:* We recommend provision of group and individual trauma counselling and psycho-social support for refugees and their children involving health care teams and community organisations. There needs to be clear referral pathways into these services that are adhered to. As recent research that investigated the effectiveness of trauma-focussed approaches for refugees by Turrini et al. (2019) concluded:

  > *This review provided evidence in support of the availability of psychological interventions with a trauma focus to refugees and asylum seekers. Specific evidence-based guidelines and implementation packages should be developed accordingly (Giacco and Priebe, 2018). Guidelines should be applicable to different social and health care organisations, and should be implemented to ensure that all people have equitable access to high-quality mental health care.*

  Training to increase the capacity of health professionals in settlement health centres to be able to assess the health needs of refugees with trauma-related difficulties and provide person-centred counselling would be helpful. It is

important that issues of shame and stigma are addressed sensitively by service providers as this assists disclosure. Specialist medical treatment for men and women survivors is essential. Services need to tackle drug and alcohol abuse particularly amongst the youth as well as domestic violence. The services should be informed by involvement of the Refugee Welfare Councils and include traditional approaches to promote resilience, recovery and integration. As recent research with Syrian refugees by Almoshmosh (2019) states:

> *The self-efficacy and resilience of people are the factors not to be underestimated and should be built upon. Reaching solutions are generally more satisfying and long-lasting when the affected person has taken a positive active part in finding them. Encouraging the use of own resources and experiences and using own problem-solving skills can be all that is needed for survivors to feel enabled. Engaging survivors and focusing on promoting recovery and social inclusion along with the use of self-help skills make them feel more positive about their own conditions. Being more involved, taking even small steps reduces the development of learned helplessness and reduces the psychiatric morbidities.*

- *Improved education and livelihoods:* We recommend the need for increasing the resourcing of Government primary schools including the number of classrooms, teachers and books. Credit and loans could be available to support the establishment of social enterprises, which would assist refugees with a sustainable income and to be able to provide emotional support within their groups, their family and to other survivors in the settlements. A recent initiative carried out by the authors that evaluated 6 social enterprise groups with 24 women and 12 men refugee survivors of SGBV and torture who were also interviewed in the current study demonstrated a very positive impact. Liebling et al. (2019) concluded:

  > *This model for social microenterprises, which is based on participatory approaches and is action focussed and empowering that involves training and that combines livelihood and health and well-being is very beneficial to both men and women. The qualitative and quantitative evaluation demonstrated all of the social enterprises developed had a positive impact and resulted in economic sustainability and emotional well-being and resilience. This outcome was demonstrated by statistical analysis as well as qualitative findings in three refugee settings. This pilot approach to engaging refugees in running social enterprises has demonstrated how action research can produce real societal impacts for refugee survivors of SGBV and torture living in refugee settlements.*

- *Police improvements:* The diversion of more police including more women police officers to Bidi Bidi and Adjumani refugee settlements would be a short term solution. The police also require logistical support in terms of more vehicles to carry out their role and provide more effective security in the settlements. This would enable them to provide more successful outreach services in the settlements.
- *Social justice:* The culture of sexual and gender-based violence including domestic violence needs to be broken by continued awareness campaigns in the settlements (Isis-WICCE, 2015). We envisage local dialogue and debate that covers the dignity of women, men and children and respect due to them, and their value, equality and the tragic consequences on them and their communities when they are subjected to sexual violence. This debate should include men and boys so that they too are part of the solution. Provision of specialist treatment for SGBV and torture survivors should be extended to enable survivors, including men who find it particularly difficult, to come forward.
- *Legal justice and policy:* Extending the use of mobile courts as well as regular visits by organisations assisting refugees resolve social justice issues would help improve access to justice. As the authors argue (Liebling et al. 2020, 17):

  > *Extending the use of mobile courts could assist in improving access to restorative justice and compensation at a local level; including the provision and resources of treatment for survivors of SGBV and torture, as well as an anti-discrimination provision with penalties for those who abuse refugees. Indeed, a recent report found the use of mobile courts in the Bidi Bidi refugee settlement proved successful for ensuring justice and enabled refugees to attend the sessions and learn more about Uganda law, which served as a deterrence in committing crimes (Hoff, 2019)*

  Refugee policy should also include provision and resources for treatment for survivors of human rights abuses and anti-discrimination provisions with penalties for those who abuse refugees including adverse consequences in the law for those who violate this.

We recommend future research focusses on a systematic evaluation of an integrated model of services for refugees which includes health, justice and livelihoods. It would be helpful to carry this out in different contexts including urban locations, community settings and refugee settlements within Uganda and in international locations. Further, the methodology utilised in the current research through listening to refugee voices as

a tool of empowerment could be applied with other refugee and asylum seeking groups in different refugee settlements within Uganda and internationally.

6. Limitations

This qualitative research includes participants' in depth accounts. However, it is acknowledged that a relatively small sample size was used and therefore there are limitations regarding the information gained and its generalisability. The current research recruited refugee survivors of SGBV and torture through the Refugee Welfare Councils in the settlements, therefore the refugee participants have a certain degree of expertise regarding the subject of inquiry. Service providers were also recruited from a range of UN, Government, Non-Government and Community-Based Organisations, who therefore had a particular range of expertise on the subject of the research. The research involved analysis of accounts of refugees from South Sudan and stakeholders who were for the most part Ugandan or western in cultural background. Hence, it is recognised that although every attempt was made to locate the data within its' cultural context some meanings may not have been captured fully by the research analysis.

7. Conclusion

In conclusion our research demonstrates the importance of actively involving and engaging with refugees in a meaningful and systematic way, in making improvements to service provision within refugee settlements that addresses the significant physical, psychological and social-cultural impact of their injuries whilst also being responsive to their changing needs. We argue for a more nuanced and gendered approach to supporting refugees than is currently available, that further empowers refugees themselves. Refugees valued the opportunity to narrate their experiences in the current research and found this validating firstly; in terms of their health and secondly; as an important form of informal justice recovery. Greater involvement of CSOs and local NGOs in supporting refugees' own solutions would assist this process (Almoshmosh, 2016). The research emphasises the benefits of the importance of listening, validating and documenting refugee experiences on a regular basis in order to provide more culturally sensitive, gendered and effective services that more closely meet the specific needs of men and women refugee survivors (Matlin et al. 2018). Consulting with refugees is critical to the sustainability and development of service

provision for refugees, including regular screening, treatment and recording refugee's progress in terms of health and justice services. It also enables service providers to better understand and work with community organisations who are providing informal but invaluable services for refugees that in combination with a more integrated health and justice service provision would assist to restore hope, empower and restore the dignity of refugee survivors of SGBV and torture (Justice Africa, 2016; Liebling et al. 2016; Liebling and Baker, 2010).

Funding:

British Academy/Leverhulme

SG170394

Acknowledgments

The authors are most grateful to all those we interviewed including refugees, Government of Uganda, Kitgum Women's Peace Initiative, Isis-Women's International Cross-Cultural Exchange, UN Women and all stakeholders, for their participation and the knowledge and experiences they shared. For further discussion please contact: Dr Helen Liebling
E-mail: Helen.Liebling@coventry.ac.uk, Professor Hazel Barrett E-mail: H.Barrett@coventry.ac.uk, and/or Professor Lilly Artz

E-mail: Lillian.Artz@uct.ac.za.

References

Adaku, A; Okello, J; Lowry, B; Kane, J.C; Alderman, S; Musisi, S; and Tol, W.A (2006). Mental health and psychosocial support for South Sudanese refugees in Northern Uganda. *Conflict and Health,* Vol. 10. No. 18, pp.1-10.

Almoshmosh, N. (2016) The role of war trauma survivors in managing their own mental conditions, Syria civil war as an example. *Avicenna Journal of Medicine,* 6:54-9.

Batha, E. (2019) *S.Sudan 'superhero' wins award for work with children born of rape.* Reuters.March18th2019. https://af.reuters.com/article/commoditiesNews/idAFL8N2153NO (Accessed 17th September 2019)

Beaumont, P. (2019) *Born out of Brutality, South Sudan, the World's Youngest State, Drowns in Murder, Rape and Arson.* 24 June 2018. Available online: https://www.theguardian.com/global-development/2018/jun/24/south-sudan-civil war-refugees-families-flee-murder-rape-arson-nyal-global-development (Accessed on 9 April 2019).

Braun, V., and Clarke, V. (2006) Using Thematic Analysis in Psychology' *Qualitative Research in Psychology,* Vol. 3, pp. 77-101.

Chynoweth, S.K., Freccero, J. and Touquet, H. (2017): Sexual violence against men and boys in conflict and forced displacement: implications for the health sector, *Reproductive Health Matters*, DOI: 10.1080/09688080.2017.1401895

Christian, M., Safari, O., Ramazani, P., Burnham, G. and Glass, N. (2011) Sexual and Gender-based violence against men in the Democratic Republic of Congo: effects on survivors, their families and the community, *Medicine, Conflict and Survival,* 27:4, 227-246, DOI: 10.1080/13623699.2011.645144

Dolan, C. (2017) *Hidden Realities: Screening for Experiences of Violence amongst War-Affected South Sudanese Refugees in northern Uganda.* Refugee Law Project, Kampala, Uganda. Working paper 25.

Foust, A. (2018) When Helping Hurts: An Ideographic Critique of Faith-Based Organizations in International Aid and Development. Bachelor's Thesis, Regis University, Denver, CO, USA, 2018. Available online: https://epublications.regis.edu/theses/899 (accessed on 20 December 2019).

Giacco D and Priebe S (2018) Mental health care for adult refugees in high-income countries. *Epidemiology and Psychiatric Sciences*, 27, 109–116.

Heist, D; and Cnaan, R.A. (2016) Faith-Based International Development Work: A Review. Religions 2016, 7, 19. [CrossRef]

Hoff, K. (2019) *The Ugandan Refugee Model. Under Pressure: Protection and Justice in Refugee Settlements;* IFRA, French Institute for Research in Africa: Nairobi, Kenya,

International Refugee Rights Initiative (2018) Rights in exile policy paper: Uganda's refugee policies; the history, the politics, the way forward - October 2018. https://reliefweb.int/report/uganda/rights-exile-policy-paper-ugandas-refugee-policies-history-politics-way-forward

Isis-WICCE (2015) *Multi-Sectoral Gender Assessment of the South Sudanese Refugee Response in Uganda.* Report to UN Women.

Justice Africa (2016). *Violence Begets Violence: Justice and Accountability for Sexual and Gender-Based Offences in South Sudan; A report by Justice Africa in partnership with CEPO and SSWLA*. Luedk, A.E. (Ed.) CSRF: London, UK.

Liebling, Barrett and Artz. (2020) South Sudanese Refugee Survivors of Sexual and Gender-Based Violence and Torture: Health and Justice Service Responses in Northern Uganda. *International Journal of Environment Research and Public Health*, 17, 1685; doi: 10.3390/ijerph17051685

Liebling, H. (2018) Service Responses for Survivors of Conflict and Post-Conflict Sexual and Gender-Based Violence and Torture in the Great Lakes Region. Colleen O'Manique and Pieter Fourie (Eds.) *Global Health and Security: Critical Feminist Perspectives*. Routledge.

Liebling, H., Burke, S., Goodman, S, and Zasada, D. (2014) Understanding the Experiences of Asylum Seekers. *International Journal of Migration, Health and Social Care*, 10, 4, 207-219.

Liebling, H., Slegh, H., and Ruratotoye B. (2012) Women and Girls Bearing Children through Rape in Goma, Eastern Congo: Stigma, Health and Justice Responses. *Itupale Online Journal of African Studies, Volume IV*, 2012, 18-44.

Liebling-Kalifani, H. (2010) Research and Intervention with Women War Survivors in Uganda: Resilience and Suffering as the Consequences of War, in *War, Medicine and Gender: The Sociology and Anthropology of Structural Suffering*, H. Bradby. and G. Lewando-Hundt. (Eds.). Ashgate Books.

Liebling, H. and Baker, B. (2010) Justice and Health Provision for Survivors of Sexual Violence: A Case Study of Kitgum, Northern Uganda; LAP Lambert Academic Publishing AG and Co KG: Berlin, Germany, 2010.

Liebling-Kalifani, H., and Baker, B. (2010) Women War Survivors of Sexual Violence in Liberia: Inequalities in Health, Resilience and Justice. *The Journal of International Social Research: Woman Studies Special Issue*, 3, 13, 188-199.

Luedke, A.E and Logan, H.F (2018) 'That thing of human rights': Discourse, emergency assistance, and sexual violence in South Sudan's current civil war. *Disasters*, 42, 99–118.

Manson, T. (2018) Healing from the Horror of War: A Study of a Post-Conflict Psychosocial Program for Refugees in Uganda: A Research Report Presented in Partial Fulfilment of the Requirements for the Degree of Master of International Development at Massey University, Palmerston North, New Zealand. 2018. Available online: https://mro.massey.ac.nz/handle/10179/14688 (accessed on 20 December 2019).

Matlin, S.A., Depoux, A., Shutte, S., Flahault, A and Saso, L (2018) Migrants 'and refugees' health: Towards an agenda of solutions. *Public Health Rev.*

2018, 39, 27.

Miller, K.K., Brown, C.R., Shramko, M. and Svetaz, M.V (2019). Applying Trauma-Informed Practices to the Care of Refugee and Immigrant Youth: 10 *Clinical Pearls. Children*, 6, 94.

Murray, K.E. and Zautra, A.J. (2011). Community resilience: Fostering recovery, sustainability, and growth. In M. Ungar (Ed) *The Social Ecology of Resilience: Culture, Context, Resources, and Meaning* (pp. 337-346). New York: Springer Publishing.

OHCHR (1984) *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment* by the General Assembly, resolution 39/46, A/RES/39/46, 10 December *1984*.

Sherwood, K. and Liebling, H. (2012) A Grounded Theory Investigation into the Experiences of African Women Refugees: Effects on Resilience and Identity and Implications for Service Provision. *Journal of International Women's Studies*, 13, 1, 86-108.

Tempany, M. (2009) What Research tells us about the Mental Health and Psychosocial Wellbeing of Sudanese Refugees, *Transcultural Psychiatry*, 46, 2, 300-315.

The Guardian. (2018) P. Beaumont. *Born out of brutality, South Sudan, the world's youngest state, drowns in murder, rape and arson.* 24th June 2018. https://www.theguardian.com/global-development/2018/jun/24/south-sudan-civil-war-refugees-families-flee-murder-rape-arson-nyal-global-development (Accessed 9th April 2019)

Turrini G, Purgato M, Acarturk C.et al. (2019) Efficacy and acceptability of psychosocial interventions in asylum seekers and refugees: systematic review and meta-analysis. *Epidemiology and Psychiatric Sciences*, 28, 4 376–388. doi:10.1017/S2045796019000027

United Nations (2019) *Sexual Violence Persists in South Sudan despite Recent Political Strides, Top United Nations Official Says while Briefing Security Council.* 8th March 2019. https://www.un.org/press/en/2019/sc13732.doc.htm (Accessed 17th September 2019)

UNHCR. (2019) *Uganda Country Refugee Response Plan: The Integrated Response Plan for Refugees from South Sudan, Burundi and the Democratic Republic of Congo*, January 2019-December 2020.

UNICEF. (2018) *Uganda Humanitarian Situation Report.*

United Nations High Commissioner for Refugees, UNHCR (2017). *South Sudan Regional Refugee Response Plan*. Downloaded on 24th April 2017 from: http://reliefweb.int/report/south-sudan/south-sudan-regional-refugee-response-plan-january-december-2017

UNICEF (2018) *Uganda Humanitarian Situation Report.*

UNHCR (2017) *New refugee settlement opens in Uganda as thousands of South Sudanese continue to flee every day.* http://reliefweb.int/report/uganda/new-refugee-settlement-opens-uganda-thousands-south-sudanese-continue-flee-every-day

Authors Biographies:

Dr Helen Liebling is an Assistant Professor in Clinical Psychology/Associate of Centre for Trust, Peace and Social Relations at Coventry University and Clinical Lead for Refugee Services in Coventry and Warwickshire NHS Partnership Trust. Helen has carried out research with survivors of conflict and post-conflict SGBV (SGBV) and torture including refugees, in Africa and UK since 1998. Helen has provided consultancies, training and interventions to improve support for survivors and works

closely with Isis-WICCE, Uganda. Helen was invited as an expert panel member to plan a five-year international research agenda on SGBV in conflict settings. She is a member of the Tear fund/Sexual Violence Research Initiative steering group on the role of faith-based organisations in preventing conflict SGBV. Dr Helen Liebling is the corresponding author and can be contacted at: Helen.Liebling@coventry.ac.uk

Professor Hazel Barrett holds a Chair in Development Geography and is a social scientist who has undertaken primary research in sub-Saharan Africa for the last 40 years, including in The Gambia, Malawi, Zambia, Kenya, Uganda and Zimbabwe. Her research has focussed on rural livelihoods, gender issues, public health challenges, childhood and traditional harmful practices such as FGM. She specialises in participatory action research and community-based methods, particularly focussing on issues of social justice, social norm transformation and behaviour change.

Professor Lillian Artz is the Director of the Gender, Health and Justice Research Unit (GHJRU). She has published extensively on domestic violence, sexual offences, incarcerated women and women's rights to freedom and security in Africa. She has worked on criminal justice, public health care reform and gender-based violence and torture prevention in Southern and East Africa for over 20 years. Artz has worked as a technical consultant to a wide range of parliamentary structures, law commissions, criminal justice institutions and international donors in Africa. She is a member of several international policing and security networks, including the Global Law Enforcement and Public Health (LEPH) Research Network and the African Security Sector Network.